



GRAU 1641
3/19/00
PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Glaucia PARANHOS-BACCALA et al.

Group Art Unit: 1643

Application No.: 09/319,156

Filed: November 2, 1999

Docket No.: 103514

For: RETROVIRAL NUCLEIC MATERIAL AND NUCLEOTIDE FRAGMENTS, IN PARTICULAR ASSOCIATED WITH MULTIPLE SCLEROSIS AND/OR RHEUMATOID ARTHRITIS, FOR DIAGNOSTIC, PROPHYLACTIC AND THERAPEUTIC USES

SUBMISSION OF CORRECTED TRANSLATION

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

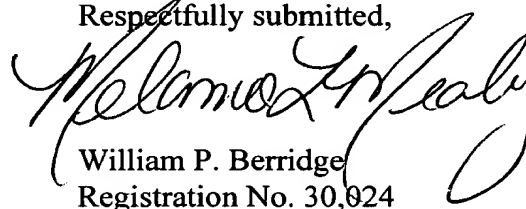
A translation of the above-identified application was filed on June 2, 1999. However, page 14 of the Sequence Listing was missing and the subsequent pages were renumbered. A corrected translation is being filed herewith in order to correct this error. In particular, page 14 of the Sequence Listing has been included and pages 14-18 of the originally filed translation have been renumbered as pages 15-19.

Entry of the corrected translation should have no effect on entry of the Preliminary Amendment filed June 2, 1999, which removed multiple dependencies from the claims.

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JAN 12 2000

It is believed that no fee is required for entry of the corrected translation. However, the Commissioner is hereby authorized to charge any fee associated with this communication to Deposit Account No. 15-0461. Two duplicate copies of this paper are attached.

Respectfully submitted,



William P. Berridge
Registration No. 30,924



Melanie L. Mealy
Registration No. 40,085

WPB:MLM/jca

Attachment:
Corrected Translation

OLIFF & BERRIDGE, PLC
P.O. Box 19928
Alexandria, Virginia 22320
Telephone: (703) 836-6400

DEPOSIT ACCOUNT USE
AUTHORIZATION
Please grant any extension
necessary for entry;
Charge any fees due to our
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PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) MD/B05B2867

Box No. I TITLE OF INVENTION

RETROVIRAL NUCLEIC MATERIAL AND NUCLEOTIDE FRAGMENTS, IN PARTICULAR ASSOCIATED WITH MULTIPLE SCLEROSIS AND/OR RHEUMATOID ARTHRITIS, FOR DIAGNOSTIC, PROPHYLACTIC AND THERAPEUTIC USES

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

BIO MERIEUX
Chemin de l'Orme
69280 MARCY L'ETOILE
FRANCE

☐ This person is also inventor.

Telephone No.

Facsimile No.

Teleprinter No.

State (that is, country) of nationality:

FRANCE

State (that is, country) of residence:

FRANCE

This person is applicant for the purposes of:

☐

all designated States

☒

all designated States except the United States of America

☐

the United States of America only

☐

the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

PARAHNOS-BACCALA Glaucia
75 Cours Duguesclin
69003 LYON
FRANCE

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

FRANCE

State (that is, country) of residence:

FRANCE

This person is applicant for the purposes of:

☐

all designated States

☐

all designated States except the United States of America

☒

the United States of America only

☐

the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒

agent

☐

common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

CABINET GERMAIN & MAUREAU
B.P. 6153
69466 LYON CEDEX 06
FRANCE

Telephone No.

04 72 69 84 30

Facsimile No.

04 72 69 84 31

Teleprinter No.

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III		FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> KOMURIAN-PRADEL Florence 114 Chemin du Pavillon 69250 POLEYMIEUX AU MONT D'OR FRANCE		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>	
State <i>(that is, country)</i> of nationality: FRANCE		State <i>(that is, country)</i> of residence: FRANCE	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> BEDIN Frederic 6 Rue Gaspard Andre 69002 LYON FRANCE		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>	
State <i>(that is, country)</i> of nationality: FRANCE		State <i>(that is, country)</i> of residence: FRANCE	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> SODOYER Mireille 5 rue du Brulet 69110 SAINTE FOY LES LYON FRANCE		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>	
State <i>(that is, country)</i> of nationality: FRANCE		State <i>(that is, country)</i> of residence: FRANCE	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> OTT Catherine 103 Avenue Berthelot 69007 LYON FRANCE		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>	
State <i>(that is, country)</i> of nationality: FRANCE		State <i>(that is, country)</i> of residence: FRANCE	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.			

Continuation of Box No. III		FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> MALLET Francois 84 rue Anatole France 69100 VILLEURBANNE FRANCE		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>	
State <i>(that is, country)</i> of nationality: FRANCE		State <i>(that is, country)</i> of residence: FRANCE	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> PERRON Herve 15 rue de Boyer 69005 LYON FRANCE		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>	
State <i>(that is, country)</i> of nationality: FRANCE		State <i>(that is, country)</i> of residence: FRANCE	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> MANDRAND Bernard 21 rue de la Doua 69100 VILLEURBANNE FRANCE		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>	
State <i>(that is, country)</i> of nationality: FRANCE		State <i>(that is, country)</i> of residence: FRANCE	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>	
State <i>(that is, country)</i> of nationality:		State <i>(that is, country)</i> of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.			

Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (*mark the applicable check-boxes; at least one must be marked*):

Regional Patent

- ☒ **AP ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SZ Swaziland, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ **EA Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP European Patent:** AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (*if other kind of protection or treatment desired, specify on dotted line*)

National Patent (*if other kind of protection or treatment desired, specify on dotted line*):

- | | |
|--|--|
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> LS Lesotho |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> LT Lithuania |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> LU Luxembourg |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> LV Latvia |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> MD Republic of Moldova |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> MG Madagascar |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia |
| <input checked="" type="checkbox"/> BG Bulgaria | |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> MN Mongolia |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> MW Malawi |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> MX Mexico |
| <input checked="" type="checkbox"/> CH and LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> NO Norway |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> SI Slovenia |
| <input checked="" type="checkbox"/> GE Georgia | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> GH Ghana | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> GM Gambia | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> KE Kenya | |
| <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> VN Viet Nam |
| | <input checked="" type="checkbox"/> YU Yugoslavia |
| <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> ZW Zimbabwe |
| <input checked="" type="checkbox"/> KZ Kazakhstan | |
| <input checked="" type="checkbox"/> LC Saint Lucia | |
| <input checked="" type="checkbox"/> LK Sri Lanka | |
| <input checked="" type="checkbox"/> LR Liberia | |

Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after issuance of this sheet:

- ☐
- ☐

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except the designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (*Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.*)

Box No. VI PRIORITY CLAIM					<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:			
		national application: country	regional application:* regional Office	international application: receiving Office	
item (1) 7 July 1997	97 08816	FRANCE			
item (2)					
item (3)					

☒ The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): (1)

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY		
Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): ISA /	Request to use results of earlier search: reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority): Date (day/month/year) Number Country (or regional Office)	

Box No. VIII CHECK LIST; LANGUAGE OF FILING	
This international application contains the following number of sheets: request :5 description (excluding sequence listing part) :38 claims :5 abstract :1 drawings :32 sequence listing part of description :20 Total number of sheets :101	This international application is accompanied by the item(s) marked below: 1. <input type="checkbox"/> fee calculation sheet 2. <input type="checkbox"/> separate signed power of attorney 3. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: 4. <input type="checkbox"/> statement explaining lack of signature 5. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): 6. <input type="checkbox"/> translation of international application into (language): 7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material 8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form 9. <input type="checkbox"/> other (specify):
Figure of the drawings which should accompany the abstract:	Language of filing of the international application: FRENCH

Box No. IX SIGNATURE OF APPLICANT OR AGENT	
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request). CABINET GERMAIN & MAUREAU Dominique GUERRE CPI 321104	
Lyon, 7 July 1998	

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1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA /	
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

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Date of receipt of the record copy by the International Bureau:
